



American  
Legislative  
Exchange  
Council

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Some stuff  
HHS  
task force

## MEMORANDUM

**TO:** HEALTH AND HUMAN SERVICES TASK FORCE MEMBERS  
**FROM:** SEAN RILEY, DIRECTOR, HEALTH AND HUMAN SERVICES TASK FORCE  
**RE:** 35-DAY MAILING—ALEC'S 2014 ANNUAL MEETING  
**DATE:** JUNE 25, 2014

The American Legislative Exchange Council will host its 41st Annual Meeting July 30 - August 1, 2014 in Dallas, Texas at the Hilton Anatole. If you have not yet registered, the Annual Meeting agenda, registration, and hotel information are available at [www.alec.org/annual-meeting](http://www.alec.org/annual-meeting).

All HHS Task Force members should plan on attending the following HHS-specific events in addition to general programming:

### Wednesday, July 30

**10:00am – 11:00am Panel: Emerging Trends: Medicaid Reform and Health Privacy**

### Thursday, July 31

**11:00am – 12:15pm Workshop: Champions of Prosperity: Stewarding Your State**  
**2:30pm – 5:30pm HHS Task Force Meeting**

} maybe

Please find the following HHS briefing materials attached, which can also be viewed at:  
<http://www.alec.org/task-forces/health-and-human-services/>.

- Attendee Registration Form
- Annual Meeting Agenda-at-a-Glance
- HHS Task Force Meeting Tentative Agenda
- Proposed Model Policy for Consideration
- Sunset Review Materials
- Reimbursement Policy
- ALEC Mission Statement

As a reminder, the attached is not official ALEC model policy until it passes both the HHS Task Force and the ALEC National Board of Directors.

I look forward to seeing you all in Dallas. If you have any questions or feedback regarding the meeting, please do not hesitate to contact me at (202) 309-1274, or at [sriley@alec.org](mailto:sriley@alec.org).

Best regards,

Sean Riley  
Director, Health and Human Services Task Force  
American Legislative Exchange Council



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## **Health and Human Services Task Force Meeting**

41<sup>st</sup> Annual Meeting | Dallas, Texas

Thursday, July 31, 2014

2:30 p.m. – 5:30 p.m.

### **TENTATIVE AGENDA**

- 2:30 p.m.** Call to Order, Welcome, Introductions  
*Senator Judson Hill, Georgia*  
*Marianne Eterno, Guarantee Trust Life Insurance*
- 2:45 p.m.** Presentation: Medicaid Coverage vs. Medicaid Access
- 3:05 p.m.** Presentation: Update on ACA Lawsuits
- 3:15 p.m.** Presentation: Medicaid Expansion and Alternatives
- 3:25 p.m.** Model Policy: *Requiring Legislative Approval for Medicaid Expansion Act*
- 3:45 p.m.** Model Policy: *Exchange Transparency Act*
- 4:05 p.m.** Presentation: Right for Kids: Florida Child Welfare Reform
- 4:15 p.m.** Presentation: ER Overcrowding and Mental Health
- 4:25 p.m.** Presentation: Rural Dental Scholarship Programs
- 4:35 p.m.** Model Policy: *Health Care Financing Programs Overview Committee Act*
- 4:55 p.m.** Model Policy: *Medicaid Anti-Crowd-Out Act*
- 5:15 p.m.** Sunset Review: *Resolution on Autism Coverage*
- 5:30 p.m.** Good of the Order/Adjournment

1                   **Requiring Legislative Approval for Medicaid Expansion Act**  
2                   **(DRAFT, July 31, 2014)**

3  
4    **Summary**

5  
6    Prohibits the expansion of Medicaid eligibility through an increase in the income threshold  
7    without prior legislative approval.

8  
9    **Model Policy**

10  
11   **Section 1. Title.** This Act shall be known as the “Requiring Legislative Approval for Medicaid  
12   Expansion Act.”

13  
14   **Section 2. Legislative Approval Requirement.**

15  
16   On and after the effective date of this Act, neither the {insert appropriate department and/or  
17   board} nor any other representative of the state shall expand Medicaid eligibility through an increase in  
18   the income threshold without prior legislative approval; provided, however, that this shall not apply to  
19   any increase resulting from a cost-of-living increase in the federal poverty level.  
20

21   **Section 3. {Severability clause.}**

22   **Section 4. {Repealer clause.}**

23   **Section 5. {Effective date.}**

**Exchange Transparency Act  
(DRAFT, July 31, 2014)**

***Summary***

Requires health plans offered through a state-based health exchange to provide specific information in order for consumers to draw meaningful comparisons between plans.

***Model Policy***

**Section 1. Title.** This Act shall be known as the "Exchange Transparency Act."

**Section 2. Form of Information Available to the Public and Disclosures Required of Health Insurers.**

The following information about each health plan offered for sale to consumers shall be available to consumers on {insert state-based exchange website} in a clear and understandable form for use in comparing plans, plan coverage, and plan premiums:

- (1) The ability to determine whether specific types of specialists are in network and to determine whether a named physician, hospital or other health care provider is in network;
- (2) Any exclusions from coverage and any restrictions on use or quantity of covered items and services in each category of benefits;
- (3) A description of how medications will specifically be included in or excluded from the deductible, including a description of out-of-pocket costs that may not apply to the deductible for a medication;
- (4) The specific dollar amount of any copay or percentage coinsurance for each item or service;
- (5) The ability to determine whether a specific drug is available on formulary, the applicable cost-sharing requirement, whether a specific drug is covered when furnished by a physician or clinic, and any clinical prerequisites or authorization requirements for coverage of a drug;
- (6) The process for a patient to obtain reversal of a health plan decision where an item or service prescribed or ordered by the treating physician has been denied; and
- (7) An explanation of the amount of coverage for out of network providers or non-covered services, and any rights of appeal that exist when out of network providers or non-covered services are medically necessary.

**Section 3. Enforcement.**

The {insert state insurance commissioner} may impose fines on any entity failing to meet the requirements of this act.

**Section 4. Severability Clause.**

**Section 5. Repealer Clause.**

**Section 6. Effective Date.**

DRAFT

**Federal and State Funded Health Care Financing Programs  
Overview Committee Act  
(DRAFT, July 31, 2014)**

***Summary***

Establishes the Federal and State Funded Health Care Financing Programs Overview Committee, charged with reviewing state health agencies and ensuring they adequately fulfill statutory requirements.

***Model Policy***

**Section 1. Title.** This Act shall be known as the “Federal and State Funded Health Care Financing Programs Overview Committee Act.”

**Section 2. Purpose.**

There is created as a joint committee the Federal and State Funded Health Care Financing Programs Overview Committee, which shall periodically inquire into and review the actions of the {insert appropriate department and/or board} to evaluate the success with which the {insert appropriate department and/or board} is accomplishing its statutory duties and functions.

**Section 3. Committee Membership and Term Length.**

(A) The Federal and State Funded Health Care Financing Programs Overview Committee to be composed of:

- (1) one member of the House of Representatives appointed by the Speaker of the House;
- (2) one member of the Senate appointed by the President of the Senate;
- (3) the chairperson of the House Committee on Appropriations or his or her designee;
- (4) the chairperson of the House Committee on Health and Human Services or his or her designee;
- (5) the chairperson of the House Committee on Ways and Means or his or her designee;
- (6) the chairperson of the Senate Appropriations Committee or his or her designee;
- (7) the chairperson of the Senate Health and Human Services Committee or his or her designee;
- (8) the chairperson of the Senate Finance Committee;
- (9) and the minority leaders of the Senate and House of Representatives or their designees.

(B) The members of the committee shall serve {insert term, e.g. two-year terms} concurrent with their terms as members of the {insert state legislature}.

**Section 4. Chair and Vice Chair Appointments and Term Lengths**

(A) Beginning in {insert year}, and every four years thereafter, the chairperson of the committee shall be appointed by the President of the Senate from the membership of the committee, and the

46 vice chairperson of the committee shall be appointed by the Speaker of the House of  
47 Representatives from the membership of the committee.

48  
49 (B) The chairperson and vice chairperson shall serve terms of two years concurrent with their  
50 terms as members of the General Assembly. Vacancies in an appointed member's position or in  
51 the offices of chairperson or vice chairperson of the committee shall be filled for the unexpired  
52 term in the same manner as the original appointment.

53  
54 **Section 5. Health Agency Cooperation.**

55 The {insert appropriate department and/or board} shall cooperate with the committee, its  
56 authorized personnel, the Attorney General, the state auditor, the state accounting officer, and  
57 other state agencies in order that the charges of the committee set forth in this Act may be timely  
58 and efficiently discharged.

59  
60 **Section 6. Committee Reports.**

61 The committee shall, on or before the first day of January of each year, and at such other times as  
62 it deems necessary, submit to the {inert state legislature} a report of its findings and  
63 recommendations based upon the review of the {insert appropriate department and/or board}  
64 as set forth in this Act.

65  
66 **Section 7. Funding and Salary.**

67 (A) The members of the committee shall receive the same compensation, per diem, expenses,  
68 and allowances for their service on the committee as is authorized by law for members of interim  
69 legislative study committees.

70  
71 (B) The funds necessary for the purposes of the committee shall come from the funds  
72 appropriated to and available to the legislative branch of government.

73  
74 **Section 8. Severability Clause.**

75 **Section 9. Repealer Clause.**

76 **Section 10. Effective Date.**



1                                   **Medicaid Anti-Crowd-Out Act**  
2                                   **(DRAFT, July 31, 2014)**

3  
4    **Background**

5  
6    Some states, particularly those who rely heavily on Medicaid Health Maintenance Organizations  
7    (HMO's), have seen patients enrolled in Medicaid programs that already have commercial insurance, or  
8    have commercial insurance readily available to them via employment or other means. This duplicate  
9    coverage is redundant and unnecessary, as there is no reason for duplicate coverage. Furthermore, these  
10   redundant Medicaid programs strain state public funds which could be either returned to the taxpayers or  
11   used for other state programs. Thus, these redundant Medicaid enrollments are both costly and  
12   unnecessary.

13  
14   **Summary**

15  
16   Prohibits the enrollment of individuals or dependents into a Medicaid HMO or any state funded Medicaid  
17   program when such individuals or dependents are already enrolled in a commercial healthcare insurance  
18   program, or when one is available to them.

19  
20   **Model Policy**

21  
22   **Section 1. Title.** This Act shall be known as the "Medicaid Anti-Crowd-Out Act".

23  
24   **Section 2. Definitions.**

25  
26   As used in this Act:

27  
28       "Medicaid" means any health insurance program sponsored by the state using public funds.

29  
30       "Medicaid HMO" means any organization which is funded by state and/or federal public funds to  
31       manage or provide medical care.

32  
33       "Commercial Healthcare Insurance" is any other insurance provided or available to individuals other  
34       than through public funding.

35  
36   **Section 3. Prohibition of Medicaid or Medicaid HMO Enrollment.**

37  
38   The state of {insert state} is prohibited from causing or allowing Medicaid enrollment or Medicaid HMO  
39   enrollment in any situation where individuals and/or dependents have availability of commercial  
40   healthcare insurance or are already enrolled in commercial healthcare insurance

41  
42   **Section 5. Severability Clause.**

43   **Section 6. Repealer Clause.**

44   **Section 7. Effective Date**



# AMERICAN LEGISLATIVE EXCHANGE COUNCIL

## Resolution on Autism Coverage

**WHEREAS**, Autism spectrum disorders are biological disorders of the brain that impair communication and social skills; and

**WHEREAS**, Autism spectrum disorders affect 1.5 million Americans, including one in 500 children;<sup>i</sup> and autism spectrum disorders may affect as many as one in 67 children; and

**WHEREAS**, Autism spectrum disorders are more prevalent than spina bifida, cancer, or Down syndrome;<sup>ii</sup> and

**WHEREAS**, Direct annual costs for autism average \$29,000 for medical treatment and behavioral therapies and \$38,000 to \$43,000 for special education, camps, and child care;<sup>iii</sup> and

**WHEREAS**, There is no single treatment that works for everyone with autism spectrum disorders; and

**WHEREAS**, Many aspects of autism spectrum disorders may not be covered by insurance.

**THEREFORE BE IT RESOLVED THAT** {insert state legislative body} urges the United States Congress to act quickly to

1. Add autism bionutritional care as a qualified health expense for health savings accounts (HSAs);
2. Offer tax deductions for families and donors to cover dietary treatment and any recommended therapy, which would provide similar opportunities to pay for care; and
3. Increase the annual limits on HSA contributions to provide a way for families to finance part of the costs of treatment for their children.

**THEREFORE BE IT FURTHER RESOLVED THAT** Copies of this resolution be sent to the President of the United States, the United States Congress, and the appropriate leadership of the United States Department of Health and Human Services.

<sup>i</sup> <http://www.hsph.harvard.edu/news/press-releases/2006-releases/press04252006.html>

<sup>ii</sup> <http://www.ncbi.nlm.nih.gov/pubmed/15121991>

<sup>iii</sup> <http://www.hsph.harvard.edu/news/press-releases/2006-releases/press04252006.html>

*Approved by the Health and Human Services Task Force on July 17, 2009.*

*Approved by the ALEC Board of Directors on August 27, 2009.*